

Medi-Cal Aid Codes Documentation

Compiled by Celine Donaldson, Medical Care Statistics Section
California Department of Health Services
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This document contains two lists with Aid Code information:

- Brief aid code descriptions, and which ones are active/inactive (Excerpted from the MEDS Network User Manual, Quick Reference Guide, issued by the Information Technology Services Division, CaDHS)
- Narrative description of aid codes (Excerpted from the EDS Medi-Cal Provider Manual)

(To go directly to either of the two lists, click on the appropriate item above.)

The California HealthCare Foundation, a non-profit organization, has published information on Medi-Cal aid codes in the publication entitled "The Guide to Medi-Cal Programs," accessible through their website at

<http://www.chcf.org/topics/medi-cal/index.cfm>.

Aid Codes Master Chart

The following aid codes identify the types of services for which different Medi-Cal, CMSP, CCS/GHPP and CHDP recipients are eligible.

Note: Unless stated otherwise, these aid codes cover United States citizens, United States Nationals and immigrants in a satisfactory immigration status. Satisfactory immigration status includes lawful permanent residents, Permanently Residing in the U.S. Under Color of Law (PRUCOL) aliens and certain amnesty aliens.

| Code | Benefits | SOC | Program/Description |
|------|--------------------------------|-----|--|
| 0A | Full | No | <u>Refugee Cash Assistance (RCA). Covers all eligible refugees during their first eight months in the United States, including unaccompanied children who are not subject to the eight-month limitation. This population is the same as aid code 01, except that they are exempt from grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.</u> |
| 0C | HF services only (no Medi-Cal) | No | <u>Access for Infants and Mothers (AIM) – Infants enrolled in Healthy Families. Infants from a family with an income of 200 to 300 percent of the federal poverty level, born to a mother enrolled in AIM. The infant's enrollment in the HF program is based on their mother's participation in AIM.</u> |
| 0M | Full | No | Breast and Cervical Cancer Treatment Program (BCCTP) – Accelerated Enrollment (AE). Provides temporary AE for full-scope, no Share of Cost (SOC) Medi-Cal for eligible females younger than 65 years of age who have been diagnosed with breast and/or cervical cancer. Limited to two months. |
| 0N | Full | No | BCCTP – AE. Provides temporary AE for full-scope, no SOC Medi-Cal <u>while an eligibility determination is made</u> for eligible females younger than 65 years of age <u>without creditable health coverage</u> who have been diagnosed with breast and/or cervical cancer. |
| 0P | Full | No | <u>BCCTP. Provides full-scope, no SOC Medi-Cal for eligible females younger than 65 years of age who are diagnosed with breast and/or cervical cancer and are without creditable insurance coverage. They remain eligible while still in need of treatment and meet all other eligibility requirements.</u> |

aid codes

2

| Code | Benefits | SOC | Program/Description |
|------|---------------------|-----|---|
| 0R | Restricted Services | No | BCCTP – High Cost Other Health Coverage (OHC). State- funded . Provides payment of premiums, co-payments, deductibles and coverage for non-covered cancer-related services for eligible all-age males and females, including undocumented aliens, who have been diagnosed with breast and/or cervical cancer, <u>if premiums, co-payments and deductibles are greater than \$750.</u> Breast cancer-related services covered for 18 months. Cervical cancer-related services covered for 24 months. |
| 0T | Restricted Services | No | BCCTP – State- funded . Provides 18 months of breast cancer treatments and 24 months of cervical cancer treatments for eligible all-age males and females 65 years of age or older, regardless of citizenship, who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with expensive, creditable insurance. <u>Breast cancer-related services covered for 18 months. Cervical cancer-related services covered for 24 months.</u> |
| 0U | Restricted Services | No | BCCTP – Undocumented Aliens. Provides emergency, pregnancy-related and Long Term Care (LTC) services to females younger than 65 years of age with unsatisfactory immigration status who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with creditable insurance. State- funded cancer treatment services are 18-months (breast) and 24-months (cervical). |
| 0V | Restricted Services | No | Post-BCCTP. Provides limited-scope no SOC Medi-Cal emergency, pregnancy-related and LTC services for females younger than 65 years of age with unsatisfactory immigration status and without creditable health insurance coverage who have exhausted their 18-month (breast) or 24-month (cervical) period of cancer treatment coverage under aid code 0U. <u>No cancer treatment. Continues as long as the woman is in need of treatment and, other than immigration, meets all other eligibility requirements.</u> |
| 01 | Full | No | <u>Refugee Cash Assistance (RAC). Covers all eligible refugees during their first eight months in the United States, including unaccompanied children who are not subject to the eight-month limitation.</u> |
| 02 | Full | Y/N | <u>Refugee Medical Assistance/Entrant Medical Assistance. Covers eligible refugees and entrants who are not eligible for Medi-Cal or Healthy Families and do not qualify for or want cash assistance.</u> |
| 03 | Full | No | <u>Adoption Assistance Program (AAP). Covers children receiving federal cash grants under Title IV-E to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance.</u> |
| 04 | Full | No | <u>Adoption Assistance Program/Aid for Adoption of Children (AAP/AAC). Covers children receiving cash grants under the state-only AAP/AAC program.</u> |
| 08 | Full | No | <u>Entrant Cash Assistance (ECA). Covers Cuban/Haitian entrants during their first eight months in the United States who are receiving ECA benefits, including unaccompanied children who are not subject to the eight-month provision.</u> |

| Code | Benefits | SOC | Program/Description |
|------|--|-----|---|
| 1E | Full | No | <u>Craig v. Bonta Aged Pending SB 87 Redetermination. Covers former Supplemental Security Income/State Supplementary Payment recipients who are aged, until the county redetermines their Medi-Cal eligibility.</u> |
| 1H | Full | No | <u>Federal Poverty Level – Aged (FPL-Aged). Covers the aged in the Aged and Disabled FPL program.</u> |
| 1U | Restricted to pregnancy and emergency services | No | <u>Restricted Federal Poverty Level – Aged. Covers the aged in the Aged and Disabled FPL program that do not have satisfactory immigration status.</u> |
| 1X | Full | No | <u>Aid to the Aged – Multipurpose Senior Services Program (MSSP). Allows special institutional deeming rules (spousal impoverishment) for MSSP transitional and non-transitional services for individuals 65 years of age or older.</u> |
| 1Y | Full | Yes | <u>Aid to the Aged – MSSP. Allows special institutional deeming rules (spousal impoverishment) for MSSP transitional and non-transitional services for individuals 65 years of age or older.</u> |
| 10 | Full | No | <u>Aid to the Aged – SSI/SSP.</u> |
| 13 | Full | Y/N | <u>Aid to the Aged – LTC. Covers persons 65 years of age or older who are medically needy and in LTC status.</u> |
| 14 | Full | No | <u>Aid to the Aged – Medically Needy.</u> |
| 16 | Full | No | <u>Aid to the Aged – Pickle Eligibles.</u> |
| 17 | Full | Yes | <u>Aid to the Aged – Medically Needy, SOC.</u> |
| 18 | Full | No | <u>Aid to the Aged – In Home Support Services (IHSS).</u> |
| 2A | Full | No | <u>Abandoned Baby Program. Provides full-scope benefits to children up to 3 months of age who were voluntarily surrendered within 72 hours of birth pursuant to the Safe Arms for Newborns Act.</u> |
| 2E | Full | No | <u>Craig v Bonta Blind – Pending SB 87 redetermination. Covers former Supplemental Security Income/State Supplementary Payment recipients who are blind, until the county redetermines their Medi-Cal eligibility.</u> |
| 20 | Full | No | <u>Blind - SSI/SSP – Cash.</u> |
| 23 | Full | Y/N | <u>Blind - Long Term Care (LTC).</u> |
| 24 | Full | No | <u>Blind – Medically Needy.</u> |
| 26 | Full | No | <u>Blind – Pickle Eligibles.</u> |
| 27 | Full | Yes | <u>Blind – Medically Needy, SOC.</u> |

aid codes

4

| Code | Benefits | SOC | Program/Description |
|------|--|-----|--|
| 28 | Full | No | <u>Blind – IHSS.</u> |
| 3A | Full | No | <u>California Work Opportunity and Responsibility to Kids (CalWORKs), Timed-Out, Safety Net – All Other Families.</u> |
| 3C | Full | No | <u>CalWORKS Timed-Out, Safety Net – Two-Parent Families.</u> |
| 3D | Full | No | <u>CalWORKS – Pending, Medi-Cal Eligible.</u> |
| 3E | Full | No | <u>CalWORKS - Legal Immigrant – Family Group.</u> |
| 3G | Full | No | <u>CalWORKS - Zero Parent Exempt.</u> |
| 3H | Full | No | <u>CalWORKS - Zero Parent Mixed.</u> |
| 3L | Full | No | <u>CalWORKs - Legal Immigrant – Aid to families.</u> |
| 3M | Full | No | <u>CalWORKs - Legal Immigrant – Two Parent.</u> |
| 3N | Full | No | <u>Aid to Families with Dependent Children (AFDC) - 1931(b) Non CalWORKS.</u> |
| 3P | Full | No | <u>CalWORKS - All Families – Exempt.</u> |
| 3R | Full | No | <u>CalWORKS - Zero Parent – Exempt.</u> |
| 3T | Restricted to pregnancy and emergency services | No | <u>Initial Transitional Medi-Cal (TMC). Provides six months of coverage for eligible aliens without satisfactory immigration status who have been discontinued from Section 1931(b) due to increased earnings from employment.</u> |
| 3U | Full | No | <u>CalWORKs - Legal Immigrant – Two Parent Mixed.</u> |
| 3V | Restricted to pregnancy and emergency services | No | <u>AFDC – 1931(b) Non CalWORKS. Covers those eligible for the Section 1931(b) program who do not have satisfactory immigration status.</u> |
| 3W | Full | No | <u>Temporary Assistance to Needy Families (TANF) Timed-Out, Mixed Case.</u> |

| Code | Benefits | SOC | Program/Description |
|------|--|-----|--|
| 30 | Full | No | <u>CalWORKS - All Families.</u> |
| 32 | Full | No | <u>TANF Timed out.</u> |
| 33 | Full | No | <u>CalWORKS - Zero Parent.</u> |
| 34 | Full | No | <u>AFDC - Medically Needy.</u> |
| 35 | Full | No | <u>CalWORKS - Two Parent.</u> |
| 36 | Full | No | <u>Aid to Disabled Widow(er)s</u> |
| 37 | Full | Yes | <u>AFDC - Medically Needy SOC.</u> |
| 38 | Full | No | <u>Edwards v. Kizer.</u> |
| 39 | Full | No | <u>Initial Transitional Medi-Cal (TMC) (6 months). Provides six months of coverage for those discontinued from CalWORKs or the Section 1931(b) program due to increased earnings or increased hours of employment.</u> |
| 4A | Full | No | <u>Out-of-State Adoption Assistance Program (AAP). Covers children for whom there is a state-only AAP agreement between any state other than California and adoptive parents.</u> |
| 4F | Full | No | <u>Kinship Guardianship Assistance Payment (Kin-GAP) Cash Assistance. Covers children in the federal program for children in relative placement receiving cash assistance.</u> |
| 4G | Full | No | <u>Kin-GAP Cash Assistance. Covers children in the state program for children in relative placement receiving cash assistance.</u> |
| 4K | Full | No | <u>Emergency Assistance Foster Care. Covers juvenile probation cases placed in foster care.</u> |
| 4M | Full | No | <u>Former Foster Care Children (FFCC).</u> |
| 40 | Full | No | <u>AFDC-Foster Care. Covers children on whose behalf financial assistance is provided for state only foster care placement.</u> |
| 42 | Full | No | <u>AFDC-Foster Care. Covers children on whose behalf financial assistance is provided for federal foster care placement.</u> |
| 44 | Restricted to pregnancy-related services | No | <u>200 Percent FPL Pregnant (Income Disregard Program – Pregnant). Provides eligible pregnant women of any age with family planning, pregnancy-related and postpartum services if family income is at or below 200 percent of the federal poverty level.</u> |

aid codes

6

| Code | Benefits | SOC | Program/Description |
|------|--|-----|---|
| 45 | Full | No | <u>Foster Care. Covers children supported by public funds other than AFDC-FC.</u> |
| 47 | Full | No | <u>200 Percent FPL Infant (Income Disregard Program – Infant). Provides full Medi-Cal benefits to eligible infants up to 1 year old or continues beyond 1 year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the federal poverty level.</u> |
| 48 | Restricted to pregnancy-related services | No | <u>200 Percent FPL Pregnant Omnibus Budget Reconciliation Act (OBRA) (Income Disregard Program – Pregnant OBRA). Provides eligible pregnant aliens of any age without satisfactory immigration status with family planning, pregnancy-related and postpartum, if family income is at or below 200 percent of the federal poverty level.</u> |
| 5F | Restricted to pregnancy and emergency services | Y/N | <u>OBRA Alien - Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status.</u> |
| 5J | Restricted to pregnancy-related and emergency services | No | <u>SB 87 Pending Disability Program.</u> |
| 5K | Full | No | <u>Emergency Assistance (EA) Foster Care. Covers child welfare cases placed in EA foster care.</u> |
| 5R | Restricted to pregnancy-related and emergency services | Yes | <u>SB 87 Pending Disability Program.</u> |
| 5T | Restricted to pregnancy and emergency services | No | <u>Continuing TMC. Provides an additional six months of emergency services coverage for those beneficiaries who received six months of initial TMC coverage under aid code 3T.</u> |
| 5W | Restricted to pregnancy and emergency services | No | <u>Four-Month Continuing Pregnancy and Emergency Services Only. Provides four months of emergency services for aliens without satisfactory immigration status who are no longer eligible for Section 1931(b) due to the collection or increased collection of child/spousal support.</u> |

| Code | Benefits | SOC | Program/Description |
|------|--|-----|--|
| 50 | Restricted to CMSP emergency services only | Y/N | <u>County Medical Services Program (CMSP). OBRA/Out of County Care.</u> |
| 53 | Restricted to LTC and related services | Y/N | <u>Medically Indigent – LTC. Covers eligible persons age 21 or older and under 65 years of age who are residing in a Nursing Facility Level A or B with or without SOC.</u> |
| 54 | Full | No | <u>Four-Month Continuing Eligibility. Covers persons discontinued from CalWORKs or Section 1931(b) due to the increased collection of child/spousal support.</u> |
| 55 | Restricted to pregnancy and emergency services | No | <u>OBRA Not PRUCOL – LTC. Covers eligible undocumented aliens in LTC who are not PRUCOL. Recipients will remain in this aid code even if they leave LTC.</u> |
| 58 | Restricted to pregnancy and emergency services | Y/N | <u>OBRA Aliens. Covers eligible aliens who do not have satisfactory immigration status.</u> |
| 59 | Full | No | <u>Continuing TMC (6 months). Provides an additional six months of TMC for beneficiaries who had six months of initial TMC coverage under aid code 39.</u> |
| 6A | Full | No | <u>Disabled Adult Child(ren) (DAC) Blind.</u> |
| 6C | Full | No | <u>Disabled Adult Child(ren) (DAC) Disabled.</u> |
| 6E | Full | No | <u>Craig v Bonta Disabled – Pending SB 87 redetermination. Covers former Supplemental Security Income/State Supplementary Payment recipients who are disabled, until the county redetermines their Medi-Cal eligibility.</u> |
| 6G | Full | No | <u>250 Percent Working Disabled Program.</u> |
| 6H | Full | No | <u>Disabled – FPL. Covers the disabled in the Aged and Disabled Federal Poverty Level program.</u> |
| 6J | Full | No | <u>SB 87 Pending Disability. Covers with no SOC beneficiaries ages 21 to 65 who have lost their non-disability linkage to Medi-Cal and are claiming disability.</u> |
| 6N | Full | No | <u>Former SSI No Longer Disabled in SSI Appeals Status.</u> |
| 6P | Full | No | <u>PRWORA/No Longer Disabled Children.</u> |

aid codes

8

| Code | Benefits | SOC | Program/Description |
|------|--|-----|---|
| 6R | Full | Yes | <u>SB 87 Pending Disability (SOC). Covers with an SOC those ages 21 to 65 who have lost their non-disability linkage to Medi-Cal and are claiming disability.</u> |
| 6U | Restricted to pregnancy and emergency services | No | <u>Restricted Federal Poverty Level – Disabled. Covers the disabled in the Aged and Disabled FPL program who do not have satisfactory immigration status.</u> |
| 6V | Full | No | <u>Department of Developmental Services (DDS) Waivers (No SOC).</u> |
| 6W | Full | Yes | <u>DDS Waivers (SOC).</u> |
| 6X | Full | No | <u>Medi-Cal In-Home Operations (IHO) Waiver (No SOC).</u> |
| 6Y | Full | Yes | <u>Medi-Cal In-Home Operations (IHO) Waiver (SOC).</u> |
| 60 | Full | No | <u>Disabled - SSI/SSP – Cash.</u> |
| 63 | Full | Y/N | <u>Disabled – LTC.</u> |
| 64 | Full | No | <u>Disabled – Medically Needy.</u> |
| 65 | Full | Y/N | <u>Katrina-Covers eligible evacuees of Hurricane Katrina.</u> |
| 66 | Full | No | <u>Disabled – Pickle Eligibles.</u> |
| 67 | Full | Yes | <u>Disabled – Medically Needy SOC.</u> |
| 68 | Full | No | <u>Disabled – IHSS.</u> |
| 69 | Restricted to emergency services | No | <u>200 Percent Infant OBRA. Provides emergency services only for eligible infants without satisfactory immigration status who are under 1 year of age or beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is at or below 200 percent of the federal poverty level.</u> |
| 7A | Full | No | <u>100 Percent Child. Provides full benefits to otherwise eligible children, ages 6 to 19 or beyond 19 when inpatient status began before the 19th birthday and family income is at or below 100 percent of the federal poverty level.</u> |
| 7C | Restricted to pregnancy and emergency services | No | <u>100 Percent OBRA Child. Covers emergency and pregnancy-related services to otherwise eligible children, without satisfactory immigration status who are ages 6 to 19 or beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.</u> |
| 7F | Valid for pregnancy verification office visit | No | <u>Presumptive Eligibility (PE) – Pregnancy Verification. This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7F is valid for pregnancy test, initial visit, and services associated with the initial visit. Persons placed in 7F have pregnancy test results that are negative.</u> |

| Code | Benefits | SOC | Program/Description |
|------|--|-----|--|
| 7G | Valid only for ambulatory prenatal care services | No | <u>Presumptive Eligibility (PE) – Ambulatory Prenatal Care. This option allows the Qualified Provider (QP) to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7G is valid for Ambulatory Prenatal Care Services. Persons placed in 7G have pregnancy test results that are positive. QP issues paper PE ID Card.</u> |
| 7H | Valid only for TB-related outpatient services | No | <u>Tuberculosis (TB) Program. Covers eligible individuals who are TB-infected for TB-related outpatient services only.</u> |
| 7J | Full | No | <u>Continuous Eligibility for Children (CEC). Provides full-scope benefits to children up to 19 years of age who would otherwise lose their no Share of Cost Medi-Cal.</u> |
| 7K | Restricted to pregnancy and emergency services | No | <u>Continuous Eligibility for Children (CEC). Provides emergency and pregnancy-related benefits (no Share of Cost) to children without satisfactory immigration status who are up to 19 years of age who would otherwise lose their no Share of Cost Medi-Cal.</u> |
| 7M | Valid for Minor Consent services | Y/N | <u>Minor Consent Program. Covers eligible minors at least 12 years of age and under the age of 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, and family planning. Paper Medi-Cal ID Card issued.</u> |
| 7N | Valid for Minor Consent services | No | <u>Minor Consent Program. Covers eligible pregnant minors under the age of 21. Limited to services related to pregnancy and family planning. Paper Medi-Cal ID Card issued.</u> |
| 7P | Valid for Minor Consent services | Y/N | <u>Minor Consent Program. Covers eligible minors at least 12 years of age and under the age of 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment. Paper Medi-Cal ID Card issued.</u> |
| 7R | Valid for Minor Consent services | Y/N | <u>Minor Consent Program. Covers eligible minors under age 12. Limited to services related to family planning and sexual assault. Paper Medi-Cal ID Card issued.</u> |
| 7T | Full | No | <u>Express Enrollment – National School Lunch Program (NSLP).</u> |
| 7X | Full | No | <u>One-Month Medi-Cal to Healthy Families Bridge.</u> |

aid codes

10

| Code | Benefits | SOC | Program/Description |
|------|---|-----|--|
| 71 | Restricted to dialysis and supplemental dialysis-related services | Y/N | <u>Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (DP/DSP). Covers eligible persons of any age who are eligible only for dialysis and related services.</u> |
| 72 | Full | No | <u>133 Percent Program. Provides full Medi-Cal benefits to eligible children ages 1 up to 6 or beyond 6 years when inpatient status, which began before 6th birthday, continues and family income is at or below 133 percent of the federal poverty level.</u> |
| 73 | Restricted to parenteral hyperalimentation-related expenses | Y/N | <u>Total Parenteral Nutrition (TPN). Covers eligible persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs.</u> |
| 74 | Restricted to emergency services | No | <u>133 Percent Program (OBRA). Provides emergency services only for eligible children without satisfactory immigration status who are ages 1 up to 6 or beyond 6 years when inpatient status, which began before 6th birthday, continues and family income is at or below 133 percent of the federal poverty level.</u> |
| 76 | Restricted to 60-day postpartum services | No | <u>60-Day Postpartum Program. Provides Medi-Cal at no SOC to women who, while pregnant, were eligible for, applied for, and received Medi-Cal benefits. They may continue to be eligible for all postpartum services and family planning. This coverage begins on the last day of pregnancy and ends the last day of the month in which the 60th day occurs.</u> |
| 8E | Full | No | <u>Accelerated Enrollment. Provides immediate, temporary, fee-for-service, full-scope Medi-Cal benefits to certain children under the age of 19.</u> |
| 8F | CMSP acute inpatient services only | Y/N | <u>CMSP Companion Aid Code. Used in conjunction with Medi-Cal aid code 53. Aid Code 8F will appear as a special aid code and will entitle the eligible client to acute inpatient services only while residing in a Nursing Facility Level A or B.</u> |
| 8G | Full | No | <u>Severely Impaired Working Individual (SIWI).</u> |
| 8H | Family Planning | N/A | <u>Family PACT (FPACT). Comprehensive family planning services for low income residents of California with no other source of health care coverage. HAP Card Issued.</u> |
| 8N | Restricted to emergency services | No | <u>133 Percent Excess Property Child – Emergency Services Only. Provides emergency services only for eligible children without satisfactory immigration status who are ages 1 up to 6 or beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level.</u> |

| Code | Benefits | SOC | Program/Description |
|------|--|-----|--|
| 8P | Full | No | <u>133 Percent Excess Property Child. Provides full-scope Medi-Cal benefits to eligible children ages 1 up to 6 or beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level.</u> |
| 8R | Full | No | <u>100 Excess Property Child. Provides full-scope benefits to otherwise eligible children, ages 6 to 19 or beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.</u> |
| 8T | Restricted to pregnancy and emergency services | No | <u>100 Percent Excess Property Child – Pregnancy and Emergency Services Only. Covers emergency and pregnancy-related services only to otherwise eligible children without satisfactory immigration status who are ages 6 to 19 or beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.</u> |
| 8U | Full | No | <u>CHDP Gateway Deemed Infant. Provides full-scope, no Share of Cost (SOC) Medi-Cal benefits for infants born to mothers who were enrolled in Medi-Cal with no SOC in the month of the infant's birth.</u> |
| 8V | Full | Yes | <u>CHDP Gateway Deemed Infant SOC. Provides full-scope Medi-Cal benefits with a Share of Cost (SOC) for infants born to mothers who were enrolled in Medi-Cal with a SOC in the month of the infant's birth and SOC was met.</u> |
| 8W | Full | No | <u>CHDP Gateway Medi-Cal. Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for Medi-Cal eligibility. Provides temporary full-scope Medi-Cal benefits with no SOC.</u> |
| 8X | Full | No | <u>CHDP Gateway Healthy Families. Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for Healthy Families eligibility. Provides temporary full-scope Medi-Cal benefits with no SOC.</u> |
| 8Y | CHDP services only | No | <u>CHDP. Covers CHDP eligible children who are also eligible for Medi-Cal emergency, pregnancy-related and long term care services.</u> |
| 80 | Restricted to Medicare expenses | No | <u>Qualified Medicare Beneficiary (QMB). Provides payment of Medicare Part A premium and Part A and B coinsurance and deductibles for eligible low income aged, blind or disabled individuals.</u> |
| 81 | Full | Y/N | <u>MI – Adults Aid Paid Pending.</u> |
| 82 | Full | No | <u>MI – Child. Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing.</u> |

| Code | Benefits | SOC | Program/Description |
|------|--|-----|---|
| 83 | Full | Yes | <u>MI – Child SOC. Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.</u> |
| 84 | CMSP services only (no Medi-Cal) | No | <u>MI – Adult. Covers medically indigent adults aged 21 and over but under 65 years that meet the eligibility requirements of medically indigent.</u> |
| 85 | CMSP services only (no Medi-Cal) | Yes | <u>MI – Adult. Covers medically indigent adults aged 21 and over but under 65 years, which meet the eligibility requirements of medically indigent.</u> |
| 86 | Full | No | <u>MI – Confirmed Pregnancy. Covers persons aged 21 years or older, with confirmed pregnancy, which meet the eligibility requirements of medically indigent.</u> |
| 87 | Full | Yes | <u>MI – Confirmed Pregnancy SOC. Covers persons aged 21 or older, with confirmed pregnancy, which meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the MN programs.</u> |
| 88 | CMSP services only (no Medi-Cal) | No | <u>MI – Adult – Disability Pending. Covers medically indigent adults aged 21 and over but under 65 years that meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application.</u> |
| 89 | CMSP services only (no Medi-Cal) | Yes | <u>MI - Adult – Disability Pending SOC. Covers medically indigent adults aged 21 and over but under 65 years that meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application.</u> |
| 9A | Cancer Detection Programs: Every Woman Counts only | No | <p><u>The Cancer Detection Programs: Every Woman Counts recipient identifier. Cancer Detection Programs: Every Woman Counts offers benefits to uninsured and underinsured women, 25 years and older, whose household income is at or below 200 percent of the Federal poverty level. Cancer Detection Programs: Every Woman Counts offers reimbursement for screening, diagnostic and case management services.</u></p> <p><u>Please note: Cancer Detection Programs: Every Woman Counts and Medi-Cal are separate programs; however, Cancer Detection Programs: Every Woman Counts relies on the Medi-Cal billing process (with few exceptions).</u></p> |
| 9H | HF services only (no Medi-Cal) | No | <u>Healthy Families Child. Provides a comprehensive health insurance plan for uninsured children from 1 to 19 years of age whose family's income is at or below 200 percent of the Federal poverty level. HF covers medical, dental and vision services to enrolled children.</u> |

| Code | Benefits | SOC | Program/Description |
|------|----------------------------------|-----|---|
| 9J | GHPP | No | <u>GHPP-eligible. Eligible for GHPP benefits and case management.</u> |
| 9K | CCS | No | <u>CCS-eligible. Eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management).</u> |
| 9M | CCS Medical Therapy Program only | No | <u>Eligible for CCS Medical Therapy Program services only.</u> |
| 9N | CCS Case Management | No | <u>Eligible for CCS only if concurrently eligible for full-scope, no SOC Medi-Cal. CCS authorization required.</u> |
| 9R | CCS | No | <u>CCS-eligible Healthy Families child. A child in this program is enrolled in a Healthy Families plan and is eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management).</u> |

Special Share of Cost (SOC) Case Indicators: These indicators, which appear on a recipient's SOC Case Summary Form, are used to identify the following:

IE – Ineligible: A person who is ineligible for Medi-Cal benefits in the case. An IE person may only use medical expenses to meet the SOC for other family members associated within the same case. Upon certification of the SOC, the IE individual is not eligible for Medi-Cal benefits in this case. An IE person may be eligible for Medi-Cal benefits in another case where the person is not identified as IE.

RR – Responsible Relative: An RR is allowed to use medical expenses to meet the SOC for other family members for whom he/she is responsible. Upon certification of the SOC, an RR individual is not eligible for Medi-Cal benefits in this Medi-Cal Budget Unit (MBU). The individual may be eligible for Medi-Cal benefits in another MBU where the person is not identified as RR.

MEDS NETWORK USER MANUAL

Appendices / Appendix D Quick Reference Guides / Aid Codes Quick Reference Guide

| | | | | | |
|---------------|---------------------------------|---------------|--------------------------------------|----------------|-----------------------------------|
| 01 | RCA | 3T # | Initial TMC – ESO | 73 # | \$4 TPN |
| 02 | RMA/EMA | 3U | CalWORKs - LI - 2P - Mixed | 74 # | 133% - Undoc/Temp Visa (OBRA) |
| 03 \$2 | AAP-Federal | 3V # | AFDC-1931(B) Non CalWORKs ESO | 76 # | \$2 60 day Postpartum |
| 04 \$2 | AAP/AAC | 3W | TANF Timed-Out, Mixed Case (State) | 7A | 100% - Citizen Child |
| 05 | SED (cash grant only) | 40 | AFDC-FC/Non Federal | 7C # | 100% - OBRA Child |
| 08 | ECA | 41 * | AFDC-FC-SO | 7H # | \$9 Tuberculosis |
| 09 | FS | 42 | AFDC-FC/Federal | 7J | CEC |
| 0A | RCA-Exempt | 44 # | \$2 200% - Pregnant Citizen | 7K # | CEC - Undoc |
| 0C \$6 | AIM Infants enrolled in HF | 45 | Foster Care (FC) | 7M # | MC (age 12-21)-7R + Sexually |
| 0F | Transitional FS | 47 | 200% - Infant Citizen | | Trans Disease, Drug/Alcohol Abuse |
| 0M \$A | BCCTP AE - 2 months | 48 # | \$2 200% - Pregnant OBRA | 7N # | \$2 MC (under 21)-all Pregnancy |
| 0N \$A | BCCTP AE | 4A \$2 | Out of State AAP Children | | related svcs - No SOC |
| 0P \$1 | BCCTP | 4C \$5 | Foster Care – STEP | 7P # | MC (age 12-21)-7M + Outpatient |
| 0R # | \$1 BCCTP High Cost OHC | 4D | ADAM | | Mental Health care |
| 0T # | \$1 BCCTP - State Only | 4F | KinGAP Cash Assistance – | 7R # | MC (under 12)-Family Planning, |
| 0U # | \$1 BCCTP – Undocs | | FFP for cash pmt | | Sexual Assault |
| 0V # | \$1 Post BCCTP 0U-ESO,LTC,Preg. | 4G | KinGAP Cash Assistance – | 7T \$A | Express Enrollment |
| 10 | Aged-SSI/SSP-Cash | | State-only for cash pmt | 7X \$2 | Medi-Cal to HF Bridge |
| 11 * | Aged-SO | 4K | EA Foster Care-Probation | 7Y \$6 | HF to Medi-Cal Bridge |
| 12 * | Aged-SC | 4M | Former Foster Care Child | 80 # | \$8 QMB |
| 13 | Aged-LTC | 4P \$5 | CalWORKs FR - AF | 81 | MI-APP |
| 14 | Aged-MN | 4R \$5 | CalWORKs FR - 2P | 82 | MI-C |
| 16 | Aged-Pickle Elig | 50 # | @ CMSP OBRA/Out of County Care | 83 | MI-C SOC |
| 17 | Aged-MN SOC | 53 # | MI-LTC | 84 @ | MI-A |
| 18 \$7 | Aged-IHSS | 54 | Four Month Continuing | 85 @ | MI-A SOC |
| 1A \$5 | Aged-CAPI-Qualified Aliens | 55 # | OBRA not PRUCOL LTC | 86 | MI-CP |
| 1E | Aged-Pending SB87 Redeterm. | 58 # | OBRA Alien | 87 | MI-CP SOC |
| 1F \$7 | Aged-PCSP | 59 | Continuing TMC (6 months) | 88 @ | MI-A-Disability Pending |
| 1H | Aged-FPL Program | 5F # | OBRA Alien-Pregnant Woman | 89 @ | MI-A-Disability Pending SOC |
| 1U # | Aged-FPL Program-Undoc | 5J # | SB87 Pending Disability | 8A \$8 | QDWI |
| 1X | MSSP | 5K | EA Foster Care-CWS-State Only | 8C \$8 | SLMB |
| 1Y | MSSP SOC | 5R # | SB87 Pending Disability SOC | 8D \$8 | QI 135% |
| 20 | Blind-SSI/SSP-Cash | 5T # | Continuing TMC – ESO | 8E \$A | Accelerated Medi-Cal for Children |
| 21 * | Blind-SO | 5W # | Four Month Continuing – | 8F @ | \$3 CMSP Companion |
| 22 * | Blind-SC | | Pregnancy + ESO | 8G | SIWI |
| 23 | Blind-LTC | 60 | Disabled-SSI/SSP-Cash | 8H | FPACT |
| 24 | Blind-MN | 61 * | Disabled-SO | 8K \$8 | QI2 175% (exp. 12/31/2002) |
| 26 | Blind-Pickle Elig | 62 * | Disabled-SC | 8N # | 133% Excess Prop Child - ESO |
| 27 | Blind-MN SOC | 63 | Disabled-LTC | 8P | 133% Excess Property Child |
| 28 \$7 | Blind-IHSS | 64 | Disabled-MN | 8R | 100% Excess Property Child |
| 2A | Abandoned Baby | 65 | Hurricane Katrina Evacuees | 8T # | 100% Excess Property Child - |
| 2E | Blind-Pending SB87 Redeterm. | 66 | Disabled-Pickle Elig | | Pregnancy + ESO |
| 2F \$7 | Blind-PCSP | 67 | Disabled-MN SOC | 8U \$A | CHDP Gateway Deemed Infant |
| 2L \$7 | IHSS Plus Waiver | 68 \$7 | Disabled-IHSS | 8V | CHDP Gateway Deemed Infant SOC |
| 2M \$7 | IHSS PCSP | 69 # | 200% - Infant OBRA | 8W \$A | CHDP Gateway Medi-Cal |
| 2N \$7 | IHSS Residual | 6A | DAC-Blind | 8X \$A | CHDP Gateway Healthy Families |
| 30 | CalWORKs - AF | 6C | DAC-Disabled | 8Y \$B | CHDP |
| 31 * | AFDC-FG-SO | 6E | Disabled-Pending SB87 | 90-99 * | GR/GA (for county use) |
| 32 | TANF Timed-Out (State) | | Redetermination | 9A | BCEDP |
| 33 | CalWORKs -ZP-State Only(cash) | 6F \$7 | Disabled – PCSP | 9C | EAPC |
| 34 | AFDC-MN | 6G | 250% Income Level for the | 9E * | limits IEVS match to EDD |
| 35 | CalWORKs -2P-State Only(cash) | | Working Disabled | 9F * | limits IEVS match to FTB |
| 36 | Disabled-COBRA-Widow/ers | 6H | Disabled-FPL Program | 9G * | \$5 GR/GA |
| 37 | AFDC-MN SOC | 6J | SB87 Pending Disability | 9H \$6 | Healthy Families Child |
| 38 | Edwards v. Kizer | 6K \$5 | CAPI-Non-Qualified Aliens | 9J | GHPP Eligible |
| 39 | Initial TMC (6 months) | 6M \$5 | CAPI-Sponsored Aliens | 9K | CCS Eligible Child |
| 3A | CalWORKs Timed-Out Safety Net | 6N | Former SSI NLD in SSI Appeals Status | 9M | CCS Medical Therapy Program |
| | - All Other Families | 6P | PRWORA NLD Children | 9N | CCS Medi-Cal Benefits Only |
| 3C | CalWORKs Timed-Out Safety Net | 6R | SB87 Pending Disability SOC | 9R | CCS Eligible HF Child |
| | – Two Parent Families | 6S | Disabled-SGA/ABD-MN (IHSS)- | 9S * | limits IEVS match to SSA |
| 3D | CalWORKs--Pndng--Medi-Cal elig | | SOC/No SOC | 9T \$6 | Healthy Families Adult |
| 3E | CalWORKs - LI - AF- Mixed | 6T \$5 | CAPI-LimitedTerm Qualified Aliens | 9U | CCS Eligible HF Child - NPSA |
| 3G | CalWORKs-ZP-Exempt-StateOnly | 6U # | Disabled-FPL Program-Undoc | 9X | FC Ineligible (county funds) |
| 3H | CalWORKs - ZP - Mixed | 6V | DDS Waivers (No SOC) | IE % | Ineligible |
| 3L | CalWORKs - LI - AF - State Only | 6W | DDS Waivers (SOC) | RR % | Responsible Relative |
| 3M | CalWORKs - LI - 2P - State Only | 6X | Medi-Cal IHO Waiver (No SOC) | | |
| 3N | AFDC-1931(B) Non CalWORKs | 6Y | Medi-Cal IHO Waiver (SOC) | | |
| 3P | CalWORKs - AF - Exempt | 71 # | \$4 DP/DSP | | |
| 3R | CalWORKs - ZP – Exempt | 72 | 133% - Citizen/Lawful Perm Res/ | | |
| 3S \$5 | CalWORKs - RegDP – Cash Only | | PRUCOL/Cond Status | | |

Revision Date: 04/04/2006

Appendices / Appendix D Quick Reference Guides / Aid Codes Quick Reference Guide

Page 1 of 2

MEDS NETWORK USER MANUAL

Appendices / Appendix D Quick Reference Guides / Aid Codes Quick Reference Guide

Key to symbols used:

| | |
|-----|---|
| * | Optional |
| # | Uses aid code message to limit scope of coverage |
| @ | CMSP aid code |
| \$n | On MEDS in Special Program Segment – see list below |
| % | IE and RR can be in SOC or non-SOC case |

Aid codes in this color are NOT valid for reporting to MEDS. If or when activated on MEDS the appropriate symbols will be added.

Notes:

The characters **I**, **O**, **Q**, **Z**, and **B** are not valid for aid code suffixes.

Aid codes active 06/01/2005: **9U**

Aid codes active 09/26/2005: **65** changed to **6S**, new **65**

Aid codes active 11/01/2005: **2L**, **2M**, **2N**

Special Program Segment Types:

| | | |
|-----------------|------------------|----------------|
| 1 BCCTP | 5 GR/CAP | 9 TB |
| 2 CHILD | 6 HFAMILY | A ACCEL |
| 3 CMSP | 7 IH/PCS | B CHDP |
| 4 DI/TPN | 8 MEDICR | |

PENDING / RESERVED aid codes:

| | |
|-------------|---|
| 1D | <i>Aged-SSI/SSP Reduction</i> |
| 2D | <i>Blind-SSI/SSP Reduction</i> |
| 2X | <i>Section 1931(b) Reinstatements</i> |
| 2Y # | <i>Section 1931(b) Reinstatements</i> |
| 3J | <i>CalWORKs - Diversion - AF</i> |
| 3K | <i>CalWORKs - Diversion - 2P</i> |
| 3X | <i>CalWORKs - Diversion - AF - State Only</i> |
| 3Y | <i>CalWORKs - Diversion - 2P - State Only</i> |
| 4H | <i>Foster Care-Undocs</i> |
| 5A | <i>EA Seriously Emotionally Disturbed</i> |
| 5P | <i>Not Qualified-NI (No SOC)-ESO</i> |
| 6D | <i>Disabled-SSI/SSP Reduction</i> |
| 7E | <i>100% - NE/NI</i> |

Expired aid codes:

| | |
|-------------|--|
| 5X | 2 nd year TMC (1 year) age 19 & older (exp.9/30/2003) |
| 5Y # | 2 nd year TMC (1 year) age 19 & older – ESO (expired 9/30/2003) |

Valid aid codes but NOT IN USE at this time:

| | |
|----------------|---|
| 5G # | NI/Undocumented Aliens - OBRA (formerly 58s) |
| 5H # \$ | IDP OBRA Pregnant – Poverty Level Programs (formerly 48s) |
| 5M # \$ | OBRA Kids - Poverty Level Programs (formerly 7Cs) |
| 5N # | OBRA NI/Undocumented Pregnant Women (formerly 5Fs) |
| 7F \$ | PE-Pregnancy Verification only |
| 7G # \$ | PE-Ambulatory Prenatal Care |

Key to abbreviations used:

| | |
|--------------|--|
| A | Adult (age 21 to 65) |
| AAC | Aid for Adoption of Children |
| AAP | Adoption Assistance Program |
| ABD | Aged, Blind, or Disabled |
| ADAM | Automated District Attorney Match |
| AE | Accelerated Eligibility |
| AF | All Families |
| AFDC | Aid to Families with Dependent Children |
| AIM | Access for Infants and Mothers |
| ANEC | Abused, Neglected, or Exploited Children |
| APP | Aid Paid Pending |
| BCCTP | Breast and Cervical Cancer Treatment Program |
| BCEDP | Breast Cancer Early Detection Program |

| | |
|-----------------|---|
| C | Children under 21 |
| CAAP | California Alternative Assistance Program |
| CalWORKs | California Work Opportunity and Responsibility for Kids |
| CAPI | Cash Assistance Program for Immigrants |
| CCS | California Children Services |
| CEC | Continuous Eligibility for Children |
| CHDP | Child Health Disability and Prevention |
| CMSP | County Medical Services Program |
| CP | Confirmed Pregnancy |
| DAC | Disabled Adult Children |
| DP | Dialysis Only Program |
| DSP | Dialysis Supplement Program |
| EA | Emergency Assistance |
| EAPC | Expanded Access to Primary Care |
| ECA | Entrant Cash Assistance |
| EDD | Employment Development Department |
| EMA | Entrant Medical Assistance |
| ESO | Emergency Services Only |
| FC | Foster Care |
| FG | Family Group |
| FPACT | Family Planning, Access, Care, and Treatment |
| FPL | Federal Poverty Level |
| FPSA | Formerly PRUCOL SSI/SSP Alien |
| FR | Family Reunification |
| FS | Food Stamp Program |
| FTB | Franchise Tax Board |
| GA | General Assistance |
| GHPP | Genetically Handicapped Persons Program |
| GR | General Relief |
| HCBS | Home and Community Based Services |
| HF | Healthy Families |
| IEVS | Income & Eligibility Verification System |
| IHO | In Home Operations |
| IHSS | In Home Supportive Services |
| IRCA | Immigration Reform and Control Act |
| KinGAP | Kinship Guardian Assistance Payment |
| LI | Legal Immigrant |
| LTC | Long Term Care |
| MC | Minor Consent |
| MI | Medically Indigent |
| MN | Medically Needy |
| MSSP | Multipurpose Senior Services Program |
| NE | New Entrant |
| NI | Non-Immigrant |
| NLD | No Longer Disabled |
| NPSA | No Program Services Agreement |
| OBRA | Omnibus Budget Reconciliation Act |
| PCSP | Personal Care Services Program |
| PE | Presumptive Eligibility |
| PRUCOL | Permanently Resident Under Color Of Law |
| PRWORA | Personal Responsibility and Work Opportunity Reconciliation Act |
| QDWI | Qualified Disabled Working Individual |
| QI | Qualifying Individual |
| QMB | Qualified Medicare Beneficiary |
| RAW | Replacement Agricultural Worker |
| RCA | Refugee Cash Assistance |
| RDP | Refugee Demonstration Project |
| RegDP | Registered Domestic Partners |
| RMA | Refugee Medical Assistance |
| SAW | Special Agricultural Worker |
| SC | Special Circumstances |
| SED | Seriously Emotionally Disturbed |
| SGA | Substantial Gainful Activity |
| SIWI | Severely Impaired Working Individuals |
| SLMB | Specified Low-Income Medicare Beneficiary |
| SO | Services Only |
| SOC | Share Of Cost |
| SS | Social Security |
| SSA | Social Security Administration |
| SSI/SSP | Supplemental Security Income / State Supplementary Payment |
| STEP | Supportive Transitional Emancipation Program |
| TANF | Temporary Assistance for Needy Families |
| TMC | Transitional Medi-Cal |
| TPN | Total Parenteral Nutrition |
| UP | Unemployed Parent |
| ZP | Zero Parent |
| 2P | 2 Parent |

Revision Date: 04/04/2006

Appendices / Appendix D Quick Reference Guides / Aid Codes Quick Reference Guide

Page 2 of 2